ABVB Non-ABVB Stream opted for: Science Basic Information of Stud		'Humanities	rece	Affix ndidate's nt passpor
1. First Name:	No.		A 1 1 1	e coloured otograph
2. Middle Name:			with	signature
3. Last Name:				
4. Nationality:			2 20 1	C Par le
5. Blood Group:				
6. Caste:				
7. Religion:				
8. Mother Tongue:				
9. Aadhar Card No.:				
10. Present School Student i	s Studying In:			
11. Year of Class 10 Exam ap	peared/appearin	ng (Tick √ as ap	propriate)	200
12. Medium of Instruction : 13. Tick (✓) the Present Boa	rd :			
	WBBSE	OTHERS		
14. Date of Birth :	Sec. 7	1		
Age as on 31-03-	2023			
Years:	Month(s):	Day(s):		
15. Sex : Male	Female			
16. Details of Marks: (Obtain Marks in %, excluding "% (For CBSE/ICSE/WBBSE/	" symbol	n preceding the C	lass X Board Exam)	
		Maths	*Science	**SST

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17.Details of Achievements (Academic/Co-Curricular/Sports):

18.A) Combination of Subjects opted for (Preference I):

1.	4.	
2.	5.	
3.	6.	

18. B) Combination of Subjects opted for (Preference II):

1.	4.	
2.	5.	
3.	6.	

19. Particulars of Parents:

Father:	
Name	
Educational Qualification	
Occupation	
Profession/Designation or Exact	
nature of Business	
Office Address	
Phone Number(s) (Office)	
Annual Income	
Mobile Number(s)	
Email Address	
Residential Address	
Phone Number(s)	
(Residence)	
Mother:	
Name	
Educational Qualification	
Occupation	
Profession/Designation or Exact nature of Business	
Office Address	
Phone Number(s)	
(Office)	
Annual Income	
Mobile Number(s)	
Email Address	
Residential Address	
Phone Number(s)	
(Residence)	

20.Accommodation Arrangements:

With Parents With Relatives

21.Particulars of Legal / Local Guardian (In case parents do not reside in Kolkata):

Guardian Name :	
Relationship with the candidate :	
Residential Address :	
City :	
Pin :	
Phone Number:	
Email :	

22.Details of Siblings:

SI No.	Name	Age	Gender	Class	School	Admn. No. /Regn. No.

23.Does the child suffer from any medical/physical problem?

No

Disclaimer: The information submitted in above form is true & correct. I understand in case of any discrepancy the form is liable to get cancelled, and we, parent(s) of ______, will have no claim against this School/School Authorities.

Date:	
Place:	Signature of parent
×	
NAME.	DOP.
NAME:	D.O.B.:
APPLICATION NO.: (ABVB / NON-ABVB) / 2023-24 /	_ CLASS: XI STREAM:
SUBJECTS OPTED FOR:	110001000

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